

WHILE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1-139511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12544

Registration District No. 801 Primary Registration District No. 4430 State File No. \_\_\_\_\_ Registrar's No. 18

1. PLACE OF DEATH: Saline  
(a) County Saline  
(b) City or town Sweet Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 402 South Belmont St 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Forty years (Specify whether)  
years, months or days 654

3. (a) PRINT FULL NAME MARY LOUISE BARTELS  
8. (b) If veteran, name war 010 3. (c) Social Security No. 10

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife William H. Bartels 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased January 28 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 14 If less than one day ✓ hr. ✓ min.

9. Birthplace Morgan County - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife at home

11. Industry or business General House Work

MOTHER FATHER { 12. Name George Barker  
13. Birthplace Hamburg Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Hase  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Wm H. Bartels  
(b) Address Sweet Springs Missouri

17. (a) Burial (b) Date thereof March 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Wesley Harvey  
(b) Address Sweet Springs Missouri

19. (a) 4/1/40 (b) W. J. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Saline  
(c) City or town Sweet Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 402 South Belmont Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 12  
year 1940 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from December 19 1938, to March 12 1940, that I last saw her alive on March 12 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 months  
Due to Arteriosclerosis  
& Hypertension 12 yrs  
Due to \_\_\_\_\_

Other conditions Arteriosclerotic Nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 121  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Leburn Ellis (M. D. or other) !  
Address Sweet Springs, Mo Date signed 2-14-40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Jesse Harvey*

Licensed Embalmer No.

*2214*

P. O. Address

*Sweet Springs*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**